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Lectures on the Theory & Pract-  
-ice of Midwifry - by Collin Mackenzie  
Lecture 1<sup>st</sup> of the use & Progress of  
— Midwifry —

Among the Antient Surgeons, this branch was  
but little practised, or cultivated. Hippocrates  
was the first who wrote upon this Subject, & may  
therefore be called the first Man Midwife, tho it is  
uncertain whether he delivered. he has divided La-  
-bours into three Clases, Somewhat like the  
Moderns, the first Natural when the Vertex pre-  
-sents the Os: Tricæ. with the face turned to the  
hollow of the Sacrum, in this case he advises  
that the woman be delivered by the Natural  
pains



pains, in which he is likewise followed, by the  
moderns - the second Preternatural, that is  
when any other part but the head presents, as the  
feet, Arms, breech, Breast &c he advises to turn  
the Child & bring it to a Natural presentation,  
adding further, that if the Legs present, & we can't  
push them far enough back to turn the Child,  
then with a sharp Instrument we are to cutt  
off the Legs & Thighs as far up as we can to  
make the Child shorter that it might be easier  
turn'd, But Celsus found this method incon-  
-venient since it did not always enable him  
to turn & bring down the head, therefore he advi-  
-ses if the feet, or any other part presents by  
which we may more readily come at the feet  
to bring them down into the Vagina & deliver  
the Child by them, this Practice is now (NLM)



Universally practised by the moderns for we find the Uterus over so much contracted if we can lay hold of the feet of the Child it is easy to bring it forth. — The third is when the head remains a long time in <sup>the</sup> passage & sticks so fast as not to be Deliver'd by the Natural pains. In this Case he orders the head to be opened by sharp Instruments, & the brains to be extracted, so that the capacity of the head being Diminished, it may be more readily brought thro' the passage —

## Lecture 2: —

Of the external parts of Generation Proper to Woman — The first parts that present is the Mons Veneris, a fleshy prominence situated on the upper part of the Symphysis Pelvis & covered with hair, from whence begins the



the Labia Magna which are little more than  
foldings of the skin with the Adipose Mem-  
-brane. They are Tendinous & very Vascular  
downwards & are insensibly lost. They  
are subject to many Diseases, as Inflammation  
Tumors, Suppuration, Echy-moses, Ruptures,  
Dropsies &c. At the opening of the Labia, just  
below the Symphysis Pubis, there's a Projection  
call'd the Clitoris, which enlarges insensibly  
towards its Basis. At its lower End is a small  
Protuberance call'd the Glands Clitoris. When the  
Clitoris is ~~dis~~erect, is not erect but drawn  
downward. The Meatus Urinarius is visible  
in Women y<sup>t</sup> have had many Children but  
in Virgins y<sup>t</sup> Meatus is drawn more inward  
& under y<sup>e</sup> Pubis. When we introduce y<sup>e</sup> Catheter  
we must take care to place it in y<sup>e</sup> middle  
under y<sup>e</sup> Symphysis Pubis & by trying a little it'll  
slip into y<sup>e</sup> Orifice. It sh<sup>d</sup> then be applied  
inclined towards y<sup>e</sup> Hand in Women with



Child, we must remember of Direction of  
Uterus is upwards. —

## Of y. internal Parts

The general Situation of y. A Fetus is 'on y.  
of Coccygis During y. first 3 or 4 Months of  
Pregnancy it continues so. The Follopian  
Tubes come out of y. Fundus <sup>uteri</sup>, but when y. Uterus  
is distended by y. Child's back, they seem to arise  
from y. middle of it. Experience shews us y.  
y. Ch. Head may remain in y. Passage for  
several hours, nay! according to some Authors  
2 or 3 Days by y. Ch. be delivered alive even without  
y. assistance of y. Forceps, but if we find y. head on  
account of its largeness or from y. Deformity of y.  
Pelvis, can't be delivered by y. Natural Efforts &  
that y. Woman's strength is almost exhausted,  
we must endeavour if y. Head is low down to  
extract with the Forceps & never to destroy y.  
Ch. unless y. Life of y. Mother is in extreme  
Danger. Daventer is excellent on y. Touch



and natural Labours but not to be depended on  
in preternatural Cases. D.<sup>r</sup> Mackenzie observes  
that of Uterus of most strong Women generally  
face to right Side. Partals flooding Cases deserve  
attention. Violence ought never to be used in  
difficult Cases. D.<sup>r</sup> Moody who published Gifford's  
Cases first discovered that in Laborious Cases  
if y. Child presented with one Ear to y. Pubis &  
y. other to y. Sacrum, w.<sup>ch</sup> as a late Discovery is  
call'd y. new Presentation. Smellie is certainly  
y. best practical Writer, his Directions for using  
y. Forceps are judicious, tho' not always  
perspicuous, nor is he always to be followed  
for he recommends y. Forceps w.<sup>ch</sup> y. Ch.<sup>d</sup> Head is  
high, in w.<sup>ch</sup> Case D.<sup>r</sup> Mac. says they never  
sho'd be used. He considerably improved y.  
Forceps by shortning them, since by their  
great length much Mischief was formerly done  
he likewise order'd them to be cover'd with  
Leather by w.<sup>ch</sup> means their Clinking was  
prevented & y. Patient was prevented not



sensible when they were used. D.<sup>r</sup> Mac.  
recommends reading Mauriceau, Darenter,  
Le Moth, Gifford & Smellie & Portal

### Pelvis. —

The Cavity of Pelvis is larger in Femals than  
in Males & the kind of Os Rociois in Labour  
has some Motion. Smellie thinks it may be  
lengthened some Inches but D.<sup>r</sup> Mac. denies  
this & thinks that 1 Inch is of most from Morand's  
Case & one y.<sup>t</sup> fell under his own Observation, w.<sup>h</sup>  
of Patient was of a very delicate Constitution. The  
D.<sup>r</sup> is convinced that y. Bones of Pelvis have  
separated in laborious Cases, tho Instances of it  
are very rare. The Pelvis is most Capacious at  
its upper part, tho' it is wider from Side to Side  
than from Pubis to Sacrum; & its form is a mere  
Cylindrical. A well formed Pelvis is ab.<sup>t</sup> 4 or 5  
Inches from Pubis to Sacrum & betwixt 5 or 6  
from Side to Side. The D.<sup>r</sup> relates a Case of a Woman  
at Derby who had several easy Labours, but  
when advanced in Years she was afflicted with  
y. Rheumatism, she was a p.<sup>r</sup> delivered twice  
or thrice, but with great Difficulty. She conceived



again but could <sup>not</sup> be delivered, the Ch. head was  
opened, but w. not come, at length by pulling w<sup>th</sup>  
of blunt Hook it was separated from y<sup>e</sup> Body  
but could not be extracted. The Woman died,  
Yon being opened, there was found only y<sup>e</sup>  
Space of one & half Inch between y<sup>e</sup> Pubes and  
Sacrum. We can't judge of y<sup>e</sup> Dimensions of y<sup>e</sup>  
Pelvis by feeling y<sup>e</sup> Pubis, but if on introducing  
y<sup>e</sup> fingers we readily feel y<sup>e</sup> Vertebra or getting  
in of y<sup>e</sup> Sacrum, we may conclude that the  
Pelvis is very narrow. The Axis of y<sup>e</sup> Vagina  
is upw<sup>d</sup>. & backw<sup>d</sup>., not according to y<sup>e</sup> Axis of  
y<sup>e</sup> Body, for if y<sup>e</sup> finger is pass'd in y<sup>e</sup> Direction, we  
sh. never find y<sup>e</sup> Os Tincto; from this we may  
learn that y<sup>e</sup> Forceps can never be applied w<sup>th</sup>  
the Head is high, since it will be impossible to  
incline the Handle far enough backwards.  
The Depth of the Pelvis is from y<sup>e</sup> upper End  
of y<sup>e</sup> Sacrum to y<sup>e</sup> extremity of y<sup>e</sup> Coccygis is 5  
Inches. When y<sup>e</sup> Coccygis is stretch'd outwards  
it will be more. The Depth from the Sides  
by y<sup>e</sup> lower part of y<sup>e</sup> Ischium is 4 Inches. The



Depth from y. upper part of Pubis to the lower  
lower part of the neck, 2 Inches. - (100)  
must be always carefully supporting y. Primum  
w<sup>th</sup> one hand & pressing y. Vertex inwards. is the  
Pubis with y. other rather than force y. Head for  
when y. Tumor is formed, y. Primum is  
stretched very thin, & is therefore more easily lacer-  
ated if not properly supported. This accident is to be  
avoided if possible, as the production of y. most  
terrible, or at least of y. most troublesome Con-  
sequence.

### Of the Gravid Uterus

The Ovary is supposed to be connect'd from  
Ovarium by y. Fallopian Tube to y. Uterus,  
where gradually swelling by y. nourishment it  
receives from y. Liquor it swims in which perhaps  
is Semen. It throws out little vessels by w<sup>ch</sup> it  
is attached to some part of y. Uterus w<sup>ch</sup> it distends.  
As it increases its bulk the Uterus varies its  
figure form y. position & magnitude of y. Fetus  
& Placenta. - Rayn<sup>h</sup> supposed that y. Placenta  
adhered to y. Fundus Uteri, w<sup>ch</sup> part he imagin'd  
had a particular plane of Fibrous muscular by whose



Contraction of Placenta was expelled, but the  
Plane of fibres don't seem to exist. — By dissec-  
-tion we find that of ~~the~~ <sup>the</sup> ~~Placenta~~ <sup>Placenta</sup> ~~is~~ <sup>may</sup>  
never adhere to any part of of it term, when  
it is freed from of ~~the~~ <sup>the</sup> ~~Placenta~~ <sup>Placenta</sup> ~~is~~ <sup>is</sup> ~~not~~ <sup>not</sup>  
of relation begins there i.e. at of ~~the~~ <sup>the</sup> ~~Placenta~~ <sup>Placenta</sup> ~~is~~ <sup>is</sup> ~~not~~ <sup>not</sup>  
but I ~~suppose~~ <sup>imagine</sup> that it begins at of ~~the~~ <sup>the</sup> ~~Placenta~~ <sup>Placenta</sup> ~~is~~ <sup>is</sup> ~~not~~ <sup>not</sup>  
for a great number of of ~~the~~ <sup>the</sup> ~~Placenta~~ <sup>Placenta</sup> ~~is~~ <sup>is</sup> ~~not~~ <sup>not</sup>  
seems thicker & more capable of distension  
than any other part, he further says that for  
15 or 20 Labours successively, we may ~~see~~ <sup>see</sup>  
of Placenta adhering to one part or other of of  
fundus. The <sup>Proportion</sup> ~~of~~ <sup>of</sup> ~~the~~ <sup>the</sup> ~~Placenta~~ <sup>Placenta</sup> ~~is~~ <sup>is</sup> ~~not~~ <sup>not</sup>  
proportion to of Placenta, Membranes &  
fetal, but of later months of ~~the~~ <sup>the</sup> ~~Placenta~~ <sup>Placenta</sup> ~~is~~ <sup>is</sup> ~~not~~ <sup>not</sup>  
In 3<sup>rd</sup> or 4<sup>th</sup> Month of Pregnancy we can't ascertain  
by of Touch, whether a woman is with Child or  
not, for at this time of of ~~the~~ <sup>the</sup> ~~Placenta~~ <sup>Placenta</sup> ~~is~~ <sup>is</sup> ~~not~~ <sup>not</sup>  
have undergone but little Change. The



D<sup>r</sup> advises us to be very cautious in giving  
our Opinion at y<sup>e</sup> time, & if possible to avoid  
Examining by y<sup>e</sup> Touch, for if we do examine  
they generally insist on knowing our Senten<sup>t</sup>  
and we are very liable to be deceived by y<sup>e</sup>  
Pretence we may feel, especially if y<sup>e</sup> Intestines  
are inflated, as they frequently are, or likewise  
if y<sup>e</sup> Uterus is Schirrous or y<sup>e</sup> Ligam<sup>t</sup> Disordered,  
therefore if we are consulted in these early  
Months, we sh<sup>d</sup>. endeavour to satisfy, by  
some ambiguous Answer & order something  
to amuse them for a Month or two longer,  
when if requisite, we may be able to  
determine with Certainty, by examining,  
for about y<sup>e</sup> 6<sup>th</sup> Month, y<sup>e</sup> Uterus begins  
to rise above y<sup>e</sup> Pubis & may be felt like a  
hard Tumor ~~at the bottom~~ & by pressing  
on y<sup>e</sup> inferior Segment of y<sup>e</sup> Uterus, between  
y<sup>e</sup> Os T<sup>r</sup>unc<sup>t</sup> & Pubis it may be felt very  
sensibly. Finding them in this State we



we may be sure the woman with Child, in the  
seventh month the pressure is more considerable  
in y<sup>e</sup> 8<sup>th</sup> still greater the Os Tinea becomes short  
& soft & in the 9<sup>th</sup> month is almost worn away &  
so short for some as not to be felt without great  
Difficulty, but by going gently round with y<sup>e</sup> finger  
& bending it a little we shall at last dip  
into a little Orifice which we shall find to be  
the Os Tinea, these are the Appearances in y<sup>e</sup>  
first pregnancy, but in women who have  
had Children the Os Tinea is commonly long  
& soft & soft in examining the 4<sup>th</sup> month  
If we introduce a finger into the Vagina &  
lay the other hand on the Abdomen we may  
if the woman is pregnant & in full oppor-  
tion discover the Fetus, when the Tumor is near  
the Neck we may pronounce the Woman in y<sup>e</sup>



the 7th month, if quite up to 7. Levee Cord. at  
her full time the the lower portion of the Uterus  
be cut between the Sacrum & Cerv. Cord. with an  
equal distention of the Uterus, if the Cerv. Cord.  
be cut away, with a considerable pressure we  
may conclude she is at her full time. Especially  
if she is a little & stout woman, in tall stature we  
know the Tumor is high up & they carry their bellies  
long a long time. The Uterus continues much of  
the same thickness during the whole time of preg-  
nancy, but is more spongy towards the latter end,  
from the largeness of the Caput, & an increased quan-  
tity of fluid the Uterus is more fixed in women  
with the first Child & with the fundus more upright  
than in those who have had several children. The  
Fasciculi of the <sup>in these</sup> Uterus become relaxed & suffer  
the fundus Uteri to hang pendulous over the Cerv.  
pubis, by which the Os Sacra is tilted backward.



In some women the Uterus is more inclined to  
one side of the other. Generally to the right, this  
obliquity is taken notice of by Praxagoras who ad-  
vised to turn the child in this case, but the Doctor  
observes that this inclination has but little effect  
on the Os Tinea, which by the pressure of the  
child's head, will generally be sufficient to dilate  
it, & to suffer the child to come forth in a natural  
way. — The Figure of the Uterus is more or  
less conical in shape not unlike a glass bottle  
The Structure is muscular as appears by touch  
its Veins, Arteries & Lymphatics are very nume-  
rous, the Veins & Arteries grow larger as the  
Uterus distends & terminate in the Placenta. &  
Orifices of the Arteries are parallel to the line  
of the Placenta & by that means maintain a  
communication with each other. This was  
lately discover'd by injecting the gravid Uterus,  
the Doctor observ'd in Woman that out of Three  
that the Arteries Center in the Placenta they  
anastomose into several tubes which deposit their



contents in the cells but do not interfere with the  
Vessels of the Placenta, the blood is supposed to be  
pumped by the veins of the Placenta & carried to the  
Fetus & thus the circulation is carried on between the  
Mother & the Child. The Fetus as it swims in the  
Waters is surrounded first by Amnion a strong  
Transparent Membrane & 2<sup>d</sup> by the True Chori-  
on. & lastly by the false or Spongy Chorion  
which is a connecting membrane between the U-  
terus & the Uterus & betwixt the Placenta & its  
Membranes. — The Placenta is a soft substance  
Spongy cellular with a Congeries of blood Vessels it  
separates first in its middle from the Uterus & adheres  
firmly all around the edges of the Fetus. — It is  
composed of 2 Arteries & a Vein, the Arteries are Con-  
=voluted & small, but the Vein large, they are cover'd  
by a continuation of the Amnion which by Raccor-  
tion may be separated about 2 Inches above the  
Neck & seems to go no further, when the Fetus  
falls off it separates at the ring tho it is supposed to  
be torn off the Child. Sometimes the Fetus is like a  
Gelley & this may be distinguish'd by the feel; —



We ought to be careful not to let it get  
lost for it is not entirely. The long pharynx  
is more or less when very long it is apt to get  
round the Child's neck & at last of course  
sometimes it is inserted into of the blood  
of the mother but often towards its end.  
This subject is Diseases, as Schirrhosis,  
Hydras, In this latter Case, it resembles a  
Bunch of grapes.

### Disorders attending Pregnancy

Both have first considered of Symptoms arising  
from of new Stimulus. In general of poor  
Women we attend in Town find those who  
are much exercise have no similar symptoms.  
In early Months signs of Pregnancy are  
generally, Vomiting, Loss of Appetite, Nausea,  
Fainting, Palpitation, Vertigo, pain in Head  
Anch, Breast Loins, Teeth the also a short  
act of breath, long Latitudes Diarrhea (the  
V. & all which seem to depend on general



[illegible]



relation which I & several of your friends exhibit  
several women remarkably but distinct in  
often caused the only shortness of breath is not a  
common symptom in early months & such is  
sometimes more troublesome & difficult to remove  
than the violent it is proper to be offered in  
time the body kept constantly open with the hands  
kept alternating in & out. It is in night to be  
given to procure rest & prevent of rest - various  
humors from irritating the lungs & Bronchia  
suppression & morbidness of the liver. The latter  
is mentioned in a letter to the Editor on the  
subject of the bladder the former by the suppression  
of the bladder. Suppression should never  
be suffered to remain longer than 60 days  
without drawing off of the urine by the catheter. In the  
bladder by its great distention runs about the  
bladder it will cause a necrosis & become a cancer  
the patient will often be cured by the use of warm  
the catheter of the bladder by the catheter. The  
chiefly to be used to remove the urine & prevent  
suppression. In some cases it is better to be used  
the catheter will generally prove sufficient but



[illegible]



Periods in 9 earlier Months of Pregnancy, in  
plethoric habits, but in weak & flaccid Women who  
have had many Children, & Lady Lammeth  
suffering. The Doctor takes a Case where a person has  
blood running to her uterus & back of the neck &  
is attended to by a physician by bleeding &  
occasional by bleeding. The following often prove  
effective for Dropsy of the Uterus or Ovaries.  
The medicinal Preparation often removed by  
bleeding Dissection of the Uterus. A Case of  
Woman is related by J. D. who was treated by  
Coulter & Dr. H. H. attending Delivery, is related  
her is much of it & proves her of the substance of  
her next Delivery, a few weeks later Dissection was made of  
The Cause of Abortion are various, either of  
the mother or the fetus are the things which are known  
to be the cause & frequently from a separation  
of some part of the Placenta or from some  
other cause, either of the mother or the fetus, or from some  
cause which is not attended to in time. Bleeding in the early Months  
are often fatal, Women in this Case are generally  
incurable in all cases for a few years, however  
the cause for it is not known, or is doubtfully it is the

[illegible]



of blood which has lost its vitality, the thing  
being provided after he has should be proper, the child  
should not be taken away suddenly, but you must be 15  
or 20 minutes in doing it, supplying the room w.  
Jelly's Coriander & keeping a pressure on the Abdo-  
men. Perhaps more, Jiffy & the difference have in-  
creased flooding cases which are all waste pouring.  
If you are called in time there, if not wait it as it  
shows no purpose but preventing so much blood being  
discharged from the uterus. Query whether it  
does not relax the parts more by being discharged.  
Rest & an Horizontal position are always neces-  
sary, & sometimes patients in the early months, laxatives  
are not to be omitted as they prevent training, if there  
is a Plethora bleed pro re nata, in the Medical Opera-  
the & Symplic: Vol Course the mineral acids & the  
V. Cortex are recommended, the Dr. says he never  
knew any remarkable instance of success from them,  
however they may be used, if it is only to remove  
it & women & the friends of the Patient, till the Or-  
gane is sufficiently cured, & if the woman is not  
already too much relaxed as to admit long fingers.

and a Thrust with which the Contents of the Uterus  
may be extruded. If you cannot do it with your finger  
you may introduce the small end of the blunt hook  
byward the Cervix, and the rock must not be introduced  
at random but you lactate the parts, or  
in cases it thereby comes some get behind, this operation  
is allowable when the Placenta lies on the super-  
ior Segment of the Uterus, though seldom it never  
offers to extract the Placenta till the 6<sup>th</sup> time it is intro-  
duced unless there is passing symptoms. When a  
Coagulum is retained the Placenta is more retained  
even the Uterus when this happens we are not to  
suppose that the Medicines will have the power of  
gluing it to the Uterus again. Yet their efficacy  
ought always to be tried, Dr. Ferrius gives us  
Rhus in the Medical Essay, where he says, he suc-  
ceeded in giving, *Pule. Hyptis. &c.* Second Quina  
Flora, which change create a Quantity of Hyaline  
proceed in the Constitution. I can't but remark  
yet it generally creates a Haemorrhage, we should not  
persist in the Use of them for a long time, as  
Bates observes: many in my's with *Hyptis* &c.



Paul's Trament. is also used, as it contains aloe,  
it may be useful in keeping the body open, if  
flesh calls a fluxing, it will be improper to  
give stringents, otherwise the flux will be the  
Cure, here than moderate. Cases of Antiphlogis-  
tic with the most acute, the Application of Bleeding  
with copious Absterge, Quinine sometimes suc-  
ceeds in fluxings. I find that Portals are very  
exact in relating cases of this kind, in the earliest  
Months it will be of the greatest Consequence to use  
much force, I do not recommend the forceps for  
extracting the Solus, Ferrius practice is differ-  
ent he recommends a pledge of Lard to be kept in  
a solution of Vitriol. alk. & to be thrust up the  
Vagina, Mrs. Mann will submit to this, that it  
occurred once, however it adhered so firmly that  
it could not be removed on the 3. day, but bring-  
ing on inflammation it came away together with  
the Solus, if we make up of any thing of the kind  
a sponge kept in J. Ty. Alum. Lard & Linseed, passing  
in the 4. last time the hour if possible be passed

Till the Woman is at her full time, as if passing  
at this time is of the greatest consequence. Menses  
increased in them by bleeding, rest & bleeding is  
excessively in pain, in a tight Clot, when if bleeding  
has gone on for some time it becomes violent the  
patient generally dies the Deliv'd, where the bleed-  
ing increases the pains come on regular, the O.S.  
Tense dilate, & the Membranes are reduced which  
you should break this 9<sup>th</sup> time, stop the flooding  
by allowing of Uterus to contract, by which  
the Head will be forced down & the Child delivered  
by natural pains, if bleeding continues  
with a sinking of Pulver, fainting the  
must proceed to forcible Delivery. In some cases  
Cord if Intervals are long & Patient sensible  
while they last Intervals last, if she is not greatly  
pained by belovist while & is not very much pained  
with last of the time is dilated, on if contrary, if  
Patient faints at Mouth is much oppressed by  
tho' it, then if O.S. is not too late, you  
must frequently dilate it by interposing  
the middle, & last of the whole but some at last



A letter from my Friend & bystander, y. 1847  
German ed. Discontinue you and deliver her, or  
soon after. They may not bleed, you and a way  
if it will come first, one after another, they are  
usually mortal. Bleeding from heart is young  
unavoidable than from any other cause it is not  
relieved so much as a cure. Any late delivery  
is not practical from 4 to 7 weeks  
if it is done, it may occasion miscarriage  
if it is done. A woman will not have time to recover  
her strength before delivery. If it is not to be strong  
and bleed, it is proper, you must also prove  
that it is also good of body & the spirit of the  
after his office & y. 1847 Medicine may take  
place. The Doctor says that he delivered a woman  
who was in strong labour for 15 or 20 hours  
continually too strong y. 1847. Difficultly too  
two able assistants and told her, while he  
informed her hand into y. Vagina, this woman  
recovered perfectly. It may be marked y.  
in medical science y. 1847. The child  
presented in a natural labour. If you do not  
Wong's Constitution & such will be proper

Medicines must be procured & proper Medicines  
applied. Bleeding early in Puerperia is  
often improperly applied, for at this time  
if Menstruation being stopped, would incline us  
to think that there is a necessity for more  
of it. I remember the case of a lady, who  
after being bled, the lancet was used  
more sparingly, indeed, strong robust constitutions  
require it repeated. The Dr. mentions a lady  
who had a bad cough, her Physician bled her  
w<sup>ch</sup> gave her little or no relief, he then bled  
her again as there was much inflammation  
till it four or five times, at length y<sup>t</sup> cough  
growing more troublesome & she must be reduced  
and tho' Nature was so far from carrying her  
tho' Delicacy, yet she <sup>was</sup> carried off & produced that  
she died in 3 or 4 days after. I should have  
imagined y<sup>t</sup> a few blisters & some  
Drops of Opium to quiet the appearance of Irritation  
y<sup>t</sup> cough to regulate y<sup>e</sup> non-natural & the change  
of air, suitable Diet, with all these &c. &c. would  
produce the desired effect.



## Conception & Conceiving

The signs of Pregnancy are very uncertain. Some have seen instances of women being with Child without having of Symptom except the loss of Menstruation, but many more false signs. The Menstrual are first a sickness of the stomach, an aversion to food, then a morbid action of the Nerves, both of Motion & of Sensation. There are many other signs not to be depended upon. The Menstrua may continue to flow in early Months, but be it is from the Uterus. Hippocrates has a good Aphorism, where he says, if the Nerves are supprest without any Substratum to health, we may conclude of Woman with Child. The swelling of the Mammae follows of 4<sup>th</sup> of 6<sup>th</sup> Months. In the third Month the Face decreases & becomes flabby, but reverses is apparent in of unimpregnated. At 6<sup>th</sup> the 3<sup>rd</sup> Months the Tumour is full in the Belly, in 4<sup>th</sup> or 5<sup>th</sup> of the 6<sup>th</sup> being removed. Daventer first practised Conceiving, which is very useful in Midwifery for distinguishing of Conception of the

and of Tubes of Ovaries. In & early months we are  
at a loss to determine whether or not any thing has been  
continued in of them we ought therefore always to  
~~be~~ <sup>be</sup> ~~in~~ <sup>in</sup> ~~doubt~~ <sup>doubt</sup> ~~of~~ <sup>of</sup> ~~our~~ <sup>our</sup> ~~opinion~~ <sup>opinion</sup> ~~to~~ <sup>to</sup> ~~be~~ <sup>be</sup>  
some extent of pregnancy to a more frequent present  
and <sup>not</sup> to be fond of touching, as it is impossible to be  
certain till after the end of 5<sup>th</sup> month or later.  
In Cases <sup>where</sup> of Suppression of Menstruation is a State, it is  
best to examine if favorable side of section. When  
it is found to be favorable about of Ovaries by making  
a pressure between of Tube & Ovary, we say  
if Woman is about five months gone with Child  
taken of tumor is felt nearer of Navel than  
6 months. The Woman may be examined  
either leaning against a Chair or lying on  
either side, in this manner after anointing of  
right hand, if she stands, or lying on her left  
side, but of left hand if she lies on of her back.  
You may introduce it according to the  
Vagina gently feeling for of Ovaries, which  
be found in front of Uterus or sometimes  
on one side of it a period of examination of Tumor  
of Ovaries.



# On Natural Labour.

The Uterus is composed of muscular fibres,  
running in a longitudinal & Circular Direction.  
The Ed. has 10. 12. last 6 months of Pregnancy  
protruding Superior Segment of the Uterus,  
The path of fibres on the Protr. is from birth  
to contraction. The lower part of the Uterus bears  
down on the Vagina, & Water descends. The air of upper  
part of Vagina empty, with degree of contract, the  
Pressure on the lower becomes greater, & the Uterus  
dilates. Labour pains are produced. When labour  
comes on at 9. 10. 11. months is not ascertained, but  
antecedent approaching signs of labour are  
a Menstrue which flows in great quantity from  
the uterus, or a dribbling of a few drops, which  
proceeds from soft Dilatation. The next are  
pushing pains, distinct in kind into true Pains, the  
true part of the Uterus, & the belly full, hard  
in touch, & the head of the fetus, & the  
Dilatation, & the pushing of the Uterus begins  
forcibly to contract, the Uterus becomes by its power

and pressure & Dilates the membranes with the water  
pressure, but when the pains go off the membrane  
retire, the Sea is then easily felt, when the Pains  
grow stronger & with shorter intervals, the mucus  
comes away tinged with blood which is called the  
shows, the Sea becomes filled with tremors &c, then  
we may be sure that Labour is approaching, & that  
these are the true pains, the Spurious are pinching  
pains in y<sup>e</sup> Loins & Belly, of the Cholick kind, it is  
absolutely necessary to Distinguish y<sup>e</sup> true from the  
false, the Patient must not be left till we are  
sure of this, If Labour comes on we must wait  
till the Delivery is over, or till we are sure that  
Labour is not approaching, for should we be taken  
to a Labour in Country & go away, when the true  
pains are come on, the Woman may be shortly Deliv-  
ered after our departure, which will fasten upon  
us to Censure & Ridicule, when therefore we perceive  
the mucus, 'tis a certain sign the Woman will  
be soon Delivered, sometimes there's a fair water  
which comes off some weeks before the Labour,



Labour is divided into Natural & Prolonged.  
Natural, including all Laborious, the best time of  
life for bearing Children is between Youth &  
Advanced age. Women who have had many  
Children are more subject to after pains, from  
the Uterus by frequent extension becomes less able  
to contract forcibly enough to expell its contents  
Hippocrates, supposed that women who had a  
large Quantity of Fat about the St. & Uter. were  
harmless but experience teaches the Contrary, for  
they bear Children & have easy Labour. A dead  
Child if the head is bound will come away nearly as  
easily as the living one, putrid Children, will come  
away easily but are very tedious, in this Case if  
Woman frequently undergoes a putrid fever, <sup>but</sup> her  
Child Children that have been long in the Uterus  
perhaps a fortnight, the Doctor in such Cases  
dissuades us strenuously from forcible Delivery

# On the Management of Natural Labour

For the different positions of the woman in labour the labourer's caper of obstruction of the woman should be changed from one side to the other, for example, when she is lying down to relieve the Parts that are fatigued, the labourer is in Natural labour of better, all our hope is to support the Perineum, & sometimes when functions both will come down in the case, when the Fetus is round the Child's neck, it is said to Retard the delivery, but if Circumvolutions are twice or thrice about the Child's neck, the Fetus is longer in proportion, therefore it can be no Obstacle to the Labour. Good advice in case of Introduction of the Fetus to the Anus, before the pains increase, to make a pressure on the upper Edge of the Orbit, by this means the Head will be prevented returning back, the next pain the pressure is to be resumed & Repeat & till the head is quite out. For as the Uttermost contracts the Placenta comes down near the Os Uteri, & thereby altho' recommends this practice but says nothing of



the inflammation of the testis, which this is like-  
ly to occasion. The Chile face has been known  
to be quite black, & it is not to be induced by it, -  
so that it is better to let it alone, when the Rigidity  
of the Os Pinea returns the Stone, & the testis  
swelling but this is quite wrong, the best method  
is to give a glyster & let the Urine have a little  
course, & in descending to promote it by an Abster-  
gation, - the Urine is then to be continued for  
for Scooping but only to thicken of the Urine  
and to be continued until it gives  
away very readily. Scooping is to be continued when  
the Patient is advanced half way, but this  
is very improper, for they require the  
most delicate Management. Sometimes  
of Membranes by retention of Water too  
long, prevent of traction of the Urine & retard  
of Labour, therefore when of a Stone is  
sufficiently relaxed, & they come down into of  
the Urine during of Labour & continue there a time  
or two, and may then venture to break them by  
pushing or soothed by them when there is a large

[illegible]



I have not been in the city since I left  
 you. I have been in the country for  
 some time. I have been in the  
 country for some time. I have been  
 in the country for some time. I have  
 been in the country for some time. I  
 have been in the country for some time.

from but one (uterus), there being splitting at one  
or more separate both from of uterus, of lower  
quantity of which will be a violent bleeding, that  
might endanger both Mother & Child, but if you get  
it as contracted like a hard ball, it is the danger  
of it but you may if it appears here is not a chance  
at all. I have seen a few deliveries of a woman  
has pains and labour, her back of the uterus, by putting  
gentle oil of olive in all directions, but when it is  
a soft relaxed weakly habit I have found more help  
if you warm it with you find it. I have not contented  
but soft wait till it begins to contract, for if you  
introduce it, I think it should be carefully attended  
by a Surgeon or a woman who is experienced in  
the work of it. I will give forth I suppose a full  
synopsis might come. As for delivery we find a  
woman by finding a full uterus or higher of an  
unusual surface, as to make sure I suppose we  
expect an other Child, tho we are not certain in  
his case, yet if I suppose not be introduced with  
will generally meet with a great deal of water, but if  
Rigex must prove in the last, I think  
it must be gently introduced, the tongue is little  
as is preferable, as it gives less pain. When there  
is another Child but pains are not so great, if a woman has  
not been over much fatigued, the Child is generally



expect it as if I were but if it does not do  
in a quarter of an hour I shall be without  
faintly it will be but I am not in a hurry  
and generally very impatient till I am  
delivered. I have had many instances where  
the labour has been **thoroughly** expected **And** if  
I have some or all of these new functions to  
be satisfied it is waiting a long time when I  
stand expect of delivery every moment and  
the child be dead or any accident happen by  
so much it will be in truth a tribute to  
the labour of the **operator** the surgeon for the  
child before you can know it one, for when I have  
come down in a **little** of the **operation** the  
the more taken for a **little** of the **operation** the more  
in, that is if I have the **operation** the more  
up of inferior part to be **operation** the more  
operation, because he supposes it is the  
separate from I have but if it did, standing round  
the more more frequent. It certainly separates  
from the middle, I should think from I have  
proper in I have the **operation** the more  
the more time in **operation** it, then it shall be the

Year of Adhesion of Edgewood of Corcoran  
thick & long

On the Use of the Instrum<sup>t</sup>

Laborious Cases are those where the Head remains  
a long time in a position without making any  
Progress towards Delivery. In this case it is necessary  
to observe with the hand greatly improved by reducing  
their circumference length, with frequent use of the  
instrument. The covering of the head with leather  
will prevent the head from being. They are that they  
enough use of general Relief is not to apply them but  
are then fully understood of St. Louis. The Corcoran  
have quite a number of little and of the kind. Several  
Laborious Cases may be produced in the head by  
improperly the application of the instrument. The Corcoran  
have made a great deal of the instrument. The Corcoran  
of the instrument is portable of Corcoran. The Corcoran  
have advised the Corcoran but this is not the Corcoran  
random of parts in the Corcoran. The Corcoran  
Corcoran is not a Corcoran to be Corcoran of good  
opinion of the Corcoran by the Corcoran. The Corcoran  
is not a Corcoran but the Corcoran is not a Corcoran  
The Corcoran is not a Corcoran but the Corcoran is not a Corcoran



[illegible]

[illegible]

General Rule for applying: Perhaps  
never sit down to do over with, I suppose till you  
are thoroughly satisfied of the situation, not like  
a patch of sufficiency, dilated if they are in  
let them be with a moderate with a little variation.  
In examining for situation of the feet for testing  
of the Caudal Laminae, the nature of the bones  
of the base of the neck there the of the Sacrum is not  
filled, if the head has not made of the of you will  
get up at the of the of the is a you can in other  
you may conclude if the of the in one side of  
head and other, the ought always to be observed before  
turning of the head, to prevent of turning of the head by the



By introducing of the finger in a imaginary  
line off from off below you feel of the finger  
is then the head of the finger is a corner, if you  
passing of finger under of the finger under of the finger  
with a little movement you may certainly  
consider it is so, then that the finger of the finger  
become absolutely necessary, when you  
apply of the finger of the finger of the finger of the finger  
finger of you can be brought to the finger of the finger  
within of the finger, when you introduce it in  
of the finger introduce of the finger within a very  
irritating motion, holding them so as that  
their form may answer to the part of the finger of  
mech with an introduction of a finger in or  
elsewhere, with a little gently to again  
when you have applied one of the finger then  
introduce of the finger of the finger of the finger of the finger  
in a manner, always continuing them as you do  
till of the finger part is within an inch of the finger  
In looking them here (as you do not including  
the finger of the finger of the finger of the finger, it will

do great mischief and perhaps increase of  
parts, always remember to apply y<sup>e</sup> first Blade  
opposite to y<sup>e</sup> disengaged End. & y<sup>e</sup> other Blade over y<sup>e</sup>  
first, y<sup>e</sup> so they may always be eadly look'd,  
obey, we never to look them, till y<sup>e</sup> Bar is under  
y<sup>e</sup> Pubis & then you'll be sure to succeed, if they  
are applied sooner, you are likely to be foild &  
run y<sup>e</sup> risque of hurting y<sup>e</sup> Mother. In a Pelvis  
not wider than two inches & half, from Pubis to  
Sacrum, tis impossible y<sup>e</sup> Woman can be  
delivered by y<sup>e</sup> Natural Pains; in case of a narrow  
Pelvis, or large ~~It~~ we must not turn y<sup>e</sup> Ch. as we  
shall have much more trouble in extracting y<sup>e</sup>  
y<sup>e</sup> Head. In y<sup>e</sup> last there is y<sup>e</sup> least chance of y<sup>e</sup>  
Ch. being born alive and of y<sup>e</sup> Head coming down  
whole, but we must never open it, without  
giving y<sup>e</sup> Crooked Forceps a ~~to~~ Trial, tho  
they sh<sup>d</sup> never be used with much force as that  
w<sup>d</sup> endanger y<sup>e</sup> Mother; they sh<sup>d</sup> always have y<sup>e</sup>  
concave side applied to y<sup>e</sup> Pubis & y<sup>e</sup> n<sup>d</sup> of Curved  
answer y<sup>e</sup> Sweep of y<sup>e</sup> Sacrum.



Lect. 10<sup>th</sup> Cases on y Machine, y  
Vertex preventing low down, with y face in y  
hollow of y Sacrum, y Patient being laid on  
her back with proper Assistants, supporting  
her Knee, apply y first Blade of y Forceps  
as before directed to y left Oscheum, y other to  
y right, with y Handles back to y Perinaeum  
and y Blade of y Forceps in y left hand is to  
be bro't over that in y right, otherwise you  
ll be forc'd in locking them; in this y  
Blades are applied along y Sides of y Head  
over y Ears & parts of y Chin, after y Forceps  
are secured w.<sup>h</sup> y pains are coming on  
move gently from Blade to Blade so as to  
extract very slowly, & never it in three  
Minutes for w.<sup>h</sup> Nature'll require  
twenty or thirty. If y Head is so low down  
that you cant get in y Forceps readily, or in  
any doubt of y Situation of y Head, apply y  
Crunch of y Vertex, y Finger on y Forehead

and move of Head from Pubis to Sacrum  
pushing it up at of same time & you'll gain  
room enough, tho' y<sup>e</sup> D<sup>r</sup> says, y<sup>e</sup> his most  
frequent to apply y<sup>e</sup> Trochanter in this Case,  
without pushing up y<sup>e</sup> P.<sup>d</sup>, w<sup>ch</sup> unless much  
jammed in, will generally recede in all  
P<sup>d</sup>id<sup>y</sup>. Be y<sup>e</sup> less careful in supporting y<sup>e</sup>  
Perineum when y<sup>e</sup> P.<sup>d</sup> is coming, especially  
w<sup>n</sup> y<sup>e</sup> 10<sup>th</sup> month is aged th<sup>r</sup> her first Ch. When  
y<sup>e</sup> Ovaries is discharg'd incline y<sup>e</sup> Head & up  
in order to bring out y<sup>e</sup> Head, into y<sup>e</sup> Axis & find  
under y<sup>e</sup> Pubis, if y<sup>e</sup> Scat<sup>r</sup> is low you'll find it  
more convenient to stand up.

## Lect 11. Case 2.

Vertex presenting, y<sup>e</sup> face to one side of y<sup>e</sup>  
Ilia, one ear to y<sup>e</sup> Pubis y<sup>e</sup> other to y<sup>e</sup> Sacrum  
y<sup>e</sup> Head being higher up within y<sup>e</sup> Brim of y<sup>e</sup>  
Pelvis y<sup>n</sup> y<sup>e</sup> preceding Case. To know rightly  
this presentation we must carefully examine  
w<sup>ch</sup> side y<sup>e</sup> face is, for by feeling with y<sup>e</sup> fore  
finger before y<sup>e</sup> Ear und<sup>r</sup> y<sup>e</sup> Pubis, y<sup>e</sup> part of y<sup>e</sup>  
Ear towards y<sup>e</sup> face is smooth. so y<sup>e</sup> y<sup>e</sup> finger  
easily slides over it, but if y<sup>e</sup> finger be brot from



of back part of Head forw. of Ear & rise  
before it, by which we know y. Position but we  
ought to take care & be cautious, for when y.  
Vertex presents, if you apply y. Finger either to  
y. Inferior or Superior part of y. Ear it will rise  
before it, tho' it is not so long as y. Posterior part  
which may deceive you, but if you can move your  
finger round & over y. Ear, you may be there  
satisfied of y. Position. If y. Scalp is not swollen  
you may feel y. Weeping off Occipital over y.  
Parietal Bones, but if y. Scalp, nor y. Fontanel  
nor Sarnoidal can be felt. Lastly if all y.  
Signs are <sup>not sufficient</sup> ~~uncertain~~ to satisfy y. Self & feely turn  
y. Woman to y. Right Side & introduce y. right  
hand to feel for y. face & neck, then as you can  
best apply y. Forceps, in that Position, & introduce y.  
hand into the hollow of the sacrum till you can find  
one of the Ears or <sup>are</sup> sure you have pass'd the Os Inter-  
Pass one of the Blades very carefully inclining the han-  
dle to the Perineum that the point may run  
with the course of the Head of the Child, if your  
hand is in the way, withdraw it gently, then

Introduce two or three fingers of Your Left Hand—  
between the Os. Pubis & the Child's head as high as you  
can, then pass up the other blade carefully avoid hurt-  
ing the Os. Internum or any other part, if you meet  
with any other Obstacle withdraw the Blades back-  
wards a little, then endeavour to introduce it further  
lock them & tie them together that they may <sup>not</sup> slip.  
Then turn the Woman on her back taking care to  
have her Breech over the Edge of the bed, since with-  
out this precaution the Forceps may do a great  
deal of Mischief, then move gently from blade to  
blade remembering never to move with too great  
a sweep as the interior parts of the Os. Inter: &  
Uterus must be press'd against the Pubis & maybe  
greatly hurt thereby. Try if you can Distinguish  
with a finger or two on which side the face is, if  
you can't try to which side the Head will turn  
in the greatest ease or you may conclude that the  
face is on that side, but the Situation, ~~but the~~  
Should if possible be ascertain'd before you sit  
down to deliver, Suppose the Vertex is to the right  
Side of the Pelvis the Woman is then to be laid on  
her right side, afterwards Dilate the Os. Internum



and go up into the Sacrum applying the force  
as before directed, after tying them, Turn the Woman  
on her back, remember the Caution given us above  
then move slowly from blade to blade keeping the  
handles low Examine the Vertex as it comes  
Down, when disengaged at the Ischium turn it  
under the pubis & the face into the hollow of the  
Sacrum always observing which side the Vertex  
is by making a half round turn, if we cannot  
do it easily draw down the head a little lower,  
taking care not to let it come out all at once  
Diagonally, then try again to turn the face into  
hollow of the Sacrum, after you have effected it  
If there is any resistance make a Quarter turn  
more to disengage the Shoulders from the Pubis  
but be sure to reverse this turn before you offer  
to extract, You have now reduced it to the  
first case —

### Lecture 12.<sup>th</sup> Case 3.<sup>d</sup> —

The Fontanelle presenting with the face under  
pubis, the Vertex to the Sacrum, the doctor says  
that when the Fontanelle presents, the face is

generally to the Pubis, sometimes to the sides of the Pelvis, &c. & very early to the sacrum, this latter he never saw but once & that in a Twin case where the head was very small & therefore might come down in any Position, Sometimes the Fontanell is not exactly in the middle of the Passage but nearer to the Pubis, The Vertex is then lower down in the passage but rather presenting, Writers here direct us to turn the Child, but this rule is fallacious for you seldom have an Opportunity of knowing <sup>whether</sup> the Fontanell presents in y<sup>e</sup> middle of the Passage the best way is to let it come down in y<sup>e</sup> same direction w<sup>ch</sup> will commonly be effected by the Natural pains, but If any particular symptom occurs it will be necessary to Dilate the O. Internum & apply the blades of the Forceps to each Ischium, when they are lock'd move from blade to blade keeping the handles back to the Perinaeum to avoid pressing the Child's face against the Pubis, Proceed slowly and examine frequently if the Childs ~~face~~ Chin is disengaged from the pubis & when you find it is raise y<sup>e</sup> handles at the same time support the Perinaeum, & bring



out the head according to the axis Vagina but  
be sure to not raise the handles till the Chin is  
free, by not observing this you will lacerate the  
perineum & endanger the Child, favor but by  
proceeding slowly & gently these accidents may  
be avoided, In all Fontanell Cases where the  
head meets with considerable resistance on being  
drawn down <sup>or</sup> in <sup>any</sup> direction be sure to make  
the Mechanical turn, by pushing the head to  
the brim of the Pelvis & Reducing its largest Di-  
ameter to the largest Diameter of the Pelvis & bring it  
down with the ears to  $\gamma$  sacrum & pubis & deliver  
as in the 2<sup>d</sup> Case especially if the head is high up, &  
any bad symptoms occur, on the contrary if  $\gamma$   
face comes down tho' this turn seems very  
Mechanical yet why sh<sup>d</sup> we fatigue the woman  
by making it, when a few hairs will bring  $\gamma$   
Chin from under the pubis, & the Space from  $\gamma$   
Chin to  $\gamma$  neck will give sufficient room to  
raise the head in a half round turn, When  $\gamma$   
Fontanell is near the pubis the Vertex is then  
lowest in which Case after applying the

Forceps we sh<sup>d</sup> endeavour to make the Mechanical  
Turn by bringing the Vertex under the Pubis, accor-  
ding to the method which Nature follows.

### Lecture 13<sup>th</sup>. Face Cases

There are 3 Face Cases the 1<sup>st</sup> is the Face present-  
ing to either side of the Pelvis, the 2<sup>d</sup> is the face  
presenting with the Chin to the Sacrum, the 3<sup>d</sup>  
is with the Chin to the Pubis, the best practice in  
all face Cases is to turn before the Uterus contracts  
but if the Labour is going on observe the same rule  
as in Labour Cases in general. Viz. to wait  
Patiently till the Face is come low down in the  
pelvis, that if any bad Symptoms supervened to  
apply the Forceps but Nature if left to herself  
will generally do the business. When the pelvis  
is narrow, if call'd in time, 'tis best to turn  
it to a Natural presentation, & in a Very narrow  
pelvis this last sh<sup>d</sup> be done, for when the face  
presents we can seldom open the head to  
evacuate the Brains. In all face Cases if turning  
is not advisable, the Labour sh<sup>d</sup> be allow'd to go on  
as long as is consistent with the Woman's safety,  
since there's much danger in using the Crotchet.



to soon, where the Pelvis measures 4 Inches, or  
4½ tho the face presents the Woman will be  
Delivered by the Natural pains, but if the pre-  
=sentation is discovered in time & the Os. Tinea  
sufficiently open, 'tis most advisable to break y<sup>e</sup>  
Membranes, but 'tis a disagreeable Circumstance  
when the Membranes break as is often the Case from  
the irregular surface of the face, before the Os. Tin-  
=ea is sufficiently Dilated since thereby the  
Labour is generally retarded, & the Os. Tinea  
Dilates slowly and with more pain, here forcible  
Dilation must not be attempted unless the Sym-  
=toms are Very urgent, — The D.<sup>r</sup> Dilates an  
Instance where a Gentleman endeavour'd to  
Dilate the Os. Tinea by Scooping but tho he  
ex<sup>erted</sup>~~hausted~~ all his strength, he was not able to  
get in his hand, the D.<sup>r</sup> himself was then sent  
for, who tho't that Gentleman had not us'd force  
Enough, work'd with great labour for half an  
hour when being quite foil'd, he sent for Smellie who  
said that he had Never fail'd in such a case, but after

scooping for above an hour in vain he was Oblid-  
ged to Desist & the Woman died. The D<sup>r</sup> says he  
is now convinced y<sup>t</sup> had they let y<sup>e</sup> Woman  
alone, y<sup>e</sup> Natural pains w<sup>d</sup> have effected y<sup>e</sup> Delivery  
and y<sup>e</sup> Lab<sup>r</sup> w<sup>d</sup> probably have ended happily, he  
further observes y<sup>t</sup> there is no great Difficulty in  
dilating y<sup>e</sup> Os Tineo after it has been opened  
by y<sup>e</sup> Bag of Waters, for it is not rigid & consequently  
makes no great Resistance. The first Case.  
y<sup>t</sup> The Presenting with y<sup>e</sup> Chin by Pubis  
first slowly dilate y<sup>e</sup> Os T. tern. with y<sup>e</sup> hand well  
larded with Pomatum, then y<sup>e</sup> Woman  
being placed in a proper Position on her Back,  
extract gradually w<sup>th</sup> y<sup>e</sup> Forceps, applied by sides  
of y<sup>e</sup> Pelvis, till you can get out y<sup>e</sup> Chin from  
under y<sup>e</sup> Pubis, keeping y<sup>e</sup> Hand as till now  
as backward as possible, but as soon as y<sup>e</sup> Chin  
is disengaged, give y<sup>e</sup> Hand as, & bring y<sup>e</sup> Head  
up in a half Round, & endeavour to save y<sup>e</sup>  
Perineum.

The second Case. The Bone presents with y<sup>e</sup>  
Chin by Sacrum, when this happens in a



narrow Pelvis, y<sup>e</sup> Case is extremely difficult  
The woman being laid on her Back, y<sup>e</sup> Forceps  
must be applied by the Handle kept as far back  
as possible, to prevent y<sup>e</sup> Blade from slipping  
try. Rape of y<sup>e</sup> Neck, w<sup>ch</sup> renders y<sup>e</sup> Operat<sup>n</sup>  
difficult and tedious. The D.<sup>n</sup> & deliver in very  
narrow Pelvis, (supposing one Ear to each  
Ischium, the Vertex presenting) to apply y<sup>e</sup> Forceps  
diagonally, to prevent their slipping w<sup>ch</sup> they  
are very subject to in narrow Pelvis Cases,  
in extracting you first endeavour to bring  
down y<sup>e</sup> H<sup>d</sup> in y<sup>e</sup> direction in w<sup>ch</sup> you find it,  
but if there is gr. Resistance, push it up & turn  
y<sup>e</sup> Head to one Side and w<sup>ch</sup> y<sup>e</sup> Chin is disengaged  
from y<sup>e</sup> Ischium, it may be turn under y<sup>e</sup>  
Pelvis, y<sup>e</sup> 2<sup>d</sup> y<sup>e</sup> same Rule is to be observed as in  
y<sup>e</sup> preceding Case, tho' Nature'll sometimes  
deliver y<sup>e</sup> Child, In this Situation y<sup>e</sup> Mechanical  
Method of Delivering may be observed, in all  
Cases, but in this more particularly, In this  
presentation why do we after reducing y<sup>e</sup> largest  
Diameter of y<sup>e</sup> H<sup>d</sup> to y<sup>e</sup> of y<sup>e</sup> Pelvis, turn y<sup>e</sup> Head under

of Pubis & not into of hollow of Sacrum, because  
it would reduce of Head nearly into of Original  
Presentation, besides of turning it under of Pubis  
is in imitation of Nature. **The third Case**

The face presenting w<sup>th</sup> of Chin bone side of  
Pelvis; before we apply of Forceps in this Case  
it will be necessary to know on w<sup>th</sup> side of Vertex  
lies, as it is to be turn'd into of hollow of Sacrum.  
The Pelvis is usually more field in that side <sup>in w<sup>th</sup> of</sup> ~~than~~  
Vertex is, turn of Woman then on of other side  
but if this does not presently assure us, of best  
way is to feel for of Sac; the Woman is first to be  
turn'd on her Side, of parts being dilated w<sup>th</sup> of Hand,  
and one Side of of Forceps pass'd up of Sacrum  
of other Side under of Pubis, taking great Care you  
do not include any part of of Woman, the Blades  
are then to be tied together & of Woman turn'd on  
her Back, if of Head is high up, of Curved is  
preferable but of Hand & must be kept back'd  
to prevent of points hurting of Sacrum, When of  
Woman is deliver'd by of Natural pains, of Labour is  
generally tedious



# 1 On preternatural Labours

The preternatural Labours are ~~generally~~ divided into 3 Classes. When 1 or both Feet present, the Breech or Knee - of 2<sup>nd</sup>, Flooding Cases or any thing that renders turning necessary - The third when of Superior parts present, as of Head with of Neck - being be fixed, the Arm. Shoulder Neck &c. In flooding Cases 'tis necessary to know w<sup>ch</sup> part presents, & this may be discovered by of great Eoe; 'tis always best if One only presents and of other is up along of M<sup>r</sup> Belly, for it may be deliverd in y<sup>e</sup> Infanner. In all preternatural Cases w<sup>ch</sup> Signs are not below y<sup>e</sup> Os Extern, of fore part of y<sup>e</sup> Child is to be turned to y<sup>e</sup> back of y<sup>e</sup> Mother till you meet with Resistance in extracting of head; where its <sup>greatest</sup> Diameter is to y<sup>e</sup> smallest of y<sup>e</sup> Pelvis, of Hand must be introduced & Child turned to one side, for all Breech Cases of y<sup>e</sup> Q<sup>ue</sup> is very low, or y<sup>e</sup> legs up, along i<sup>n</sup> to Belly, with y<sup>e</sup> fore part of y<sup>e</sup> Child to the of y<sup>e</sup> Mother & y<sup>e</sup> legs are up

by Breast, y<sup>e</sup> Funis not engaged by Pelvis  
formed well. we may suffer by Child become fixed  
in y<sup>e</sup> <sup>situation</sup> Direction by Fingers may hook y<sup>e</sup> Child's  
Thighs to assist y<sup>e</sup> Pelvis & hasten y<sup>e</sup> Delivery.  
Always remember to turn y<sup>e</sup> Body w<sup>th</sup> y<sup>e</sup> hips and  
not below y<sup>e</sup> Cr. Intern. if y<sup>e</sup> Shoulders fail, y<sup>e</sup>  
Blunt Hook may be used, tho' if possible, is better  
to do without it. In a narrow Pelvis where there is  
danger of leaving y<sup>e</sup> Head behind, y<sup>e</sup> Curved forceps  
must be applied, if this fails, y<sup>e</sup> Forceps must be  
used, y<sup>e</sup> with y<sup>e</sup> help of an Assistant we may bring  
y<sup>e</sup> Head away <sup>from</sup> with y<sup>e</sup> Body. If Breach is advanced  
low by Woman's Pelvis languid by y<sup>e</sup> Labour being  
very tedious, y<sup>e</sup> pains have quite left her, we must  
assist by applying y<sup>e</sup> Forceps in each Groin, &  
Thumbs under each Thigh w<sup>th</sup> y<sup>e</sup> Fingers on y<sup>e</sup>  
posterior parts of y<sup>e</sup> Child. By this means you may  
give some small Assistance by moving from side to  
side. Care is to be taken to prevent breaking of  
Thighs at their Epiphysis. **PRELIMINARY**  
**NOTES.** Now we shall consider y<sup>e</sup> Operative part  
in all flooding Cases, w<sup>th</sup> y<sup>e</sup> Woman is lost a Consider-



quantity of Blood, attend w<sup>th</sup> pain in y<sup>e</sup> Head, &  
pale, wan Countenance, Liddiness, slight Fainting,  
N<sup>o</sup>, y<sup>e</sup> B<sup>r</sup> Time a little Open, & no Labour, but  
still continues bleeding & every method to restrain  
it prove ineffectual, We may pronounce y<sup>e</sup> Case  
dangerous & after acquaintance y<sup>e</sup> Relations of it,  
we sh<sup>d</sup>. proceed to delivery. If pains in y<sup>e</sup> Loins  
come on, & gradually increase, if at y<sup>e</sup> same time  
y<sup>e</sup> Woman is not losing much Blood, you may  
suffer y<sup>e</sup> Labor to go on & Nature will frequently  
effect y<sup>e</sup> Delivery. When y<sup>e</sup> B<sup>r</sup> Time is greatly  
dilated & makes no Resistance to y<sup>e</sup> M<sup>an</sup> w<sup>h</sup> is  
introduced, it indicates that y<sup>e</sup> Woman has lost  
too much Blood, by w<sup>h</sup> her Strength is greatly  
impaired, & her Habit relaxed & that Delivery will  
rather hasten her Death; In such it behoves us  
to consider y<sup>e</sup> Constan<sup>t</sup>ly symptoms are, before we  
deliver, if her Fate seems inevitable, rather let  
it be attributed to y<sup>e</sup> right Cause, y<sup>e</sup> to you, as, very  
probable it w<sup>d</sup> be if you was to deliver her. It is  
always a prevalent Circumstance w<sup>h</sup> we are  
call'd to a Woman laboring under y<sup>e</sup> above symptoms

finger of the thumb open enough to one or both  
fingers, giving way to little force, we then go  
up sufficiently to turn, it is best to dilate it in  
a most gradual & gentle manner, by introducing  
first y<sup>e</sup> extremity of one finger & then of another.  
Resistance will be greater at y<sup>e</sup> os pubis  
than at y<sup>e</sup> os coxae. Knuckles are at y<sup>e</sup> os coxae, here  
you will succeed best by withdrawing a little & rest,  
then working again till y<sup>e</sup> Resistance is overcome.  
When you find y<sup>e</sup> Hand easily admitted by y<sup>e</sup> os  
pubis sufficiently dilated with y<sup>e</sup> Hand  
at, break y<sup>e</sup> Membranes, if not already broke  
by pinching or scratching y<sup>e</sup> os immediately rush  
up y<sup>e</sup> os to prevent y<sup>e</sup> Effusion of y<sup>e</sup> Waters  
fall for y<sup>e</sup> feet & deliver as in y<sup>e</sup> flooding  
Case. — Remember never to withdraw y<sup>e</sup>  
Hand, without bringing down y<sup>e</sup> feet, for after y<sup>e</sup>  
Waters have ~~escaped~~ escaped it'll be difficult from  
y<sup>e</sup> contraction of y<sup>e</sup> uterus to get up to y<sup>e</sup> os for more  
so to turn y<sup>e</sup> Child. In extracting y<sup>e</sup> feet, rest now  
and then, proceed slowly. Take 20 or 30 Minutes  
to deliver in, at y<sup>e</sup> same time, let an Assistant press on



If Belly is the force equal to weight of Child, that  
is of Uterus may be assisted by weight  
of flooding will be diminished. During the time  
of Woman must be supported with Pills, Cordials  
to support her underg. Discharge, if after  
Delivery of flooding is lessened, let of Woman rest  
waiting for Nature, to expell of Menstrua, which is  
usually done very soon; but if flooding is violent  
you must extract it & gently bring away of gross  
Blood. Some Authors looking on of Uterus as an  
excrucious body, advise us to extract it immediately  
but a too speedy Delivery often occasions fainting  
& sudden Death.

Method of introducing one Syg. another finger  
breaking of Membrana. Fixing of Uterus to  
contract, may succeed when you are called  
before too much Blood is lost, especially if  
there is some pain. In all Cases be prudent  
to let Nature go on, if of Pains are strong but if  
there are no pains, of Woman loosing Blood and  
fainting come on, if of Time is open then  
we must deliver. By delivering too soon we  
lose of Chance off Natural pains which assist

greatly, besides running of Rigor of lacerating of  
the Cervix, which seldom fails to produce of worse  
issue, ~~and~~ therefore we must attend  
our patients diligently, & observe carefully what quantity  
of blood is lost, the Dilatation of the Cervix,  
the Colour of the Salve, Constitution of the Patient &c. In  
most flooding Cases of Placenta adheres by the  
Cervix, but a flood of may likewise proceed from  
Bruises & Ulcers &c. The nearest of Women is  
to her time, & greater of Danger, for of Diameter  
of the Vessels are then greatest & therefore in a  
short time pour out a large quantity of blood.  
If of Placenta adheres by the middle of the Cervix  
we must gently introduce one finger after  
another, but if of flooding is small & the Cervix  
not dilated, we had better wait till it becomes  
softer & then dilate slowly & avoid lacerating  
it. When of Placenta is in of Vagina we must go  
on one side of it & bring down of feet, always  
endeavouring, if possible to bring forth of Child before  
of Placenta. Flooding from the Uterus, & from the  
general Anterior & posterior Dangerous, here forbidden  
Delivery is ~~absolutely~~ absolutely necessary; In case



of the two, must a little time between of 1<sup>st</sup> &  
2<sup>d</sup> Q. If there no flooding, Support of Patient all  
radially, & that would generally be sufficient.

If before of Membranes are we can discover  
Swims, then a day swimming in of waters, of  
Membranes must be broke off Child turned  
as a blood; In all these cases it is prudent to inform  
of friends of Patient of danger if any  
be a Win an established Patient one —

### On the 3<sup>d</sup> Class of Preternatural Labour.

In this class we shall consider of Diffi-  
cult presentations, of Belly, Back, Shoulder &c.  
as may present with of Head bone side, of  
Pelvis &c. Feet together all these require  
turning. When of waters have been discharge  
for some time of Membranes contracted round  
of Body like a Sheath, they are called Sheath  
Pain. The preceding Case might indeed be  
considered as belonging to this Class, but as long  
pregnatures have rankedit in 4<sup>th</sup> second. When

the face or back part, & reason is there is more difficulty  
to turn it in the breech cases, since as they lie  
across the uterus with the head turned back on the  
shoulders the feet are with more difficulty come at  
the Body of the Child in these cases keeps out of  
the reach of the touch for a great while, All that  
the pains can generally do in this case is to bring  
the body to y<sup>e</sup> Lt. Intermion, after which they go  
off - the method of turning in these cases is as fol-  
lows - after placing the woman on the back with one  
your right hand, if the head the head lies on the right  
side, but if it lies on the Left, your left hand posits  
up under the Pubis along the Childs belly to the  
knees & Legs & there is room to the Sacrum, we  
may pour this way & lay hold of the feet & gradu-  
ally bring them round. The 1. Case

Is the belly presenting the head & feet reflected  
backward or the head to the right & the feet to  
the left side of the mother, & after turning to the head  
here we must gradually introduce the right hand  
& grasp for the feet. the greatest assistance with  
the fingers at the Cervix uteri which must be



Operated by Degrees, if we proceed too hastily the  
hand will be cramped & tired, rest a little &  
fear not that in time you will overcome the resis-  
-tance when you pass the Collum the great-  
-est Difficulty is to be avoided, for the Fundus yields  
much more easily, at the time you are bring-  
-ing down, then endeavour with the palm of your  
hand to push the body which if you direct the  
foot will be brought forth with great facility,  
After they are without the Os. return: if you meet  
with any resistance fix a Course Garter above the  
Ankle, taking next care not to include the Nym-  
-phæ on the Hair of the mother, then introduce  
your left hand to push up the Child, pulling at it  
some times with the garters in your right hand, until  
they reduce the Child to a Perpendicular Position  
or to a Flooding Case, Observe when you've  
brought the Childs fore part to the Os. to  
make the Quarter turn Averse, if the Child can  
be turned when the mother lies on her back, but  
not conveniently, if you find great Difficulty in  
going up for effort the Woman may be placed on  
her Side which will greatly relax the Abdominal

muscle. But then she will be more at liberty to move about & get from you, in these cases the Difficulty in getting up the hand has been very great. The Doct.<sup>r</sup> tells us he has remov'd this Obstacle by giving a Glyster & afterwards an Opiate & when the hand was found the Uterus greatly relax'd, & he put his hand very readily. But this can seldom be waited for as if after you should deliver before you arise from your knees. The French, when this Contraction makes great Resistance, order us to hook down the legs one after another, this says the Doct.<sup>r</sup> I have sometimes attempted with Success, by going up for the feet.

### Lecture 10<sup>th</sup> Case 1.

If the right arm presenting with the head to the Mother's face, the Thighs to her right side, & the feet reflected back towards the fundus, after the waters are some time gone, & the Uterus closely contracted to the body of the Child, Doct.<sup>r</sup> Smellie advises us in this Case to cut off the arms, but it ought never to be done unless it is so well as to ~~avoid~~ prevent the Introduction of the hand, it is then become quite putrid, & the best practice



to twist it off at the articulation, & in attempting  
to turn, always if possible go up along the child's  
belly: for the feet last answer the Mechanism of  
the joints. but if they are brought backwards a Force  
shall be fixed as firm as they are brought without the  
Intermedium, to prevent fractures, or Dislocation of  
the thigh bones, tho' it is the general rule to go up  
along the belly of the child, yet when the breast pre-  
vents & the feet are reflected backwards we must  
go up under the child as we can come at the feet  
only this way, & if we proceed to bring them down  
very gradually the child will turn by degrees & come  
away without Injury.

### Lecture XX On Twins

It is a general rule with us after delivering a woman  
of a child before we attempt bringing away the Placenta  
to examine with our hand the abdomen & the State  
of the Uterus, which sometimes feels soft, but more  
frequently hard like a ball above the P. Pubis, if it  
feels hard & extended above the Navel, we may conclude  
there is another Child. — In Twin Cases the first  
Child commonly presents rightly & is delivered by the

Natural pains, but the P. often presents wrong & requires  
to be turned, I brought away by the foot, if after we  
have waited about 20 minutes, no pains come on, we  
must go up, Turn & bring it away & finally by the feet.  
In turn to save the Patient the Fatigue of the 2. labor  
that may prove tedious & even dangerous by flooding  
to much, besides the parts are fully opened by the first  
Delivery we can introduce the hand with ease, & as the  
Membranes are for the most part whole the Waters  
may be felt & the fetus easily turned but if the Pel-  
vis is narrow, the Woman strong, & the head presents  
we ought to leave it to the Effects of Nature - Women  
after Delivery often loose a large quantity of Blood  
& Coagulum thrown off by Marine Contraction,  
which causes what we call after pains, in these  
Cases Dr. Mandanin thinks the Child does not  
generally present wrong, <sup>some</sup> as writers have thought  
or at least asserted; During Dr. D.'s Practice in a gr.  
Number of Cases where it presented right.  
The Lochia continues for 1. 3 or 4 days of a red  
Color & ~~then~~ ~~becomes~~ ~~green~~ ~~water~~ becomes serous  
at the kind of. Women call them & Green Waters.



This Discharge to continue sometimes for three  
or 4 Weeks. Its dangerous to take away of Placenta  
in a delicate Woman before of Uterus is contracted  
nor is it advisable to be too hasty in Delivery, even  
in Robust habits but to wait till of Rapidity of  
Circulation is abated, which was occasionally of  
Labour pains/least a flooding ensue. When of  
Placenta contracts before of Placenta is extracted  
we must introduce of hand or Dilator of Pepsage  
before we attempt to separate of Placenta.  
The 1<sup>st</sup> Relater a twin Case, of 1<sup>st</sup> Child remained in  
of Pepsage sometimes, as soon as he felt of Head to  
of Uterus, he introduced of Forceps Delivoid; In  
a attempting to extract of Placenta he found a Bag of  
Water preventing, he immediately introduced  
his hand, broke of Membrane, Delivered without  
of least Interruption & again introduced of hand  
to reach of Placenta. The Woman died with of  
Hæmorrhage soon after. —

## Of the Narrow Pelvis

When a fetus measures less than three inches from Pubis to Sacrum, it is impossible for natural pains to bring forth a Child, therefore if use of Instrument in this Case becomes absolutely necessary. It will be proper to let of Labour go on till the Head is quite engaged within the Bones of the Pelvis, for if the Head is so contracted as to prevent its return when of Slipper and return applied. When of pains are violent of Labour must not be permitted to go on long, as when of pains are weak, for if Preparation of Head being very great may bring on an Inflammation of the pericardium of the Heart. It is very agreeable use of Cupping in any part between the anterior & posterior Fontanelle presents for when the fore part of the Pericardium Bones presents there is danger of the face falling into of the passage which would make it a more difficult Case, here both sides of the Protophysis must be used & applied by night. Before we begin to operate we must carefully distinguish of Presentation of the Head or any other part presents we may reduce it by



Occiput &c. When  $\gamma$ . Child lies across of Mother,  
the Stimulus must be chiefly towards  $\gamma$ . Sides of  
 $\gamma$ . Pelvis &  $\gamma$ . Contraction will be very considerable  
We must try to reduce  $\gamma$ . Child by Natural  
Presentation in  $\gamma$ . Interval — the D<sup>r</sup>. gives an  
Instance where  $\gamma$ . Child is now but an Inch & half  
from Pelvis to Partum. yet after  $\gamma$ . Head was opened  
 $\gamma$ . Bones is rap<sup>d</sup> over each other &  $\gamma$ . Woman was  
delivered with a little Assistance by  $\gamma$ . Natural  
Pain. We never be prudent to turn in a  
narrow Pelvis nor to apply  $\gamma$ . Forceps till  
the Head

La Motte's Scissors is  
of sufficient length, and  $\gamma$ . best Instrument<sup>s</sup>  
for opening  $\gamma$ . Head. The Operation to be done  
in  $\gamma$ . following manner, first introduce  $\gamma$ .  
Left Hand well mounted into  $\gamma$ . Vagina,  
Conduct  $\gamma$ . Point of  $\gamma$ . Scissors along  $\gamma$ . Falx  
of  $\gamma$ . Hand to that part of  $\gamma$ . Head which presents, direct  
them <sup>so</sup> that they do not slip below  $\gamma$ . <sup>Falk of</sup> Head & <sup>Brain</sup>  $\gamma$ .  
then gradually till  $\gamma$ . Fore & Skull  $\gamma$ . Break  
the Scissors up into  $\gamma$ . Head withdraw  $\gamma$ . Hand a

little and open them wide again so as to make  
a proper opening, Now shut off. Sissors I withdraw  
them (if y<sup>e</sup> ~~Brain~~ Brain do not freely  
Scoop y<sup>e</sup> out with y<sup>e</sup> small End of y<sup>e</sup> blunt  
Hook or y<sup>e</sup> Blade of Forceps or y<sup>e</sup> Hand. then  
wait an hour or two for pains to be general  
come on and greatly assist remember to leave  
y<sup>e</sup> scalp so wrought over y<sup>e</sup> Edge of Bone y<sup>e</sup> they  
may not wound y<sup>e</sup> Uterus, if no pains come on  
y<sup>e</sup> Hand must be introduced, but y<sup>e</sup> Hand is  
insufficient the Forceps may be tried as they lessen  
y<sup>e</sup> Head & as we can use more force w<sup>th</sup> y<sup>e</sup> Hand we  
can w<sup>th</sup> y<sup>e</sup> Hand they be frequently succeed, if they  
fail y<sup>e</sup> (hook) may be tried, but this I should not  
need say, if the Head has been thoroughly opened  
by y<sup>e</sup> fixture of Pains destroyed. The (hook)  
was first invented by Moran, when you use it  
introduce y<sup>e</sup> Hand as before, then slide y<sup>e</sup> (hook)  
along y<sup>e</sup> Palm of y<sup>e</sup> Concave side of Sacrum  
that it may not injure y<sup>e</sup> Uterus, fix it in a  
proper place <sup>in</sup> such as y<sup>e</sup> Cervix. Maxill. Infer.  
The (hook) is fixed is to y<sup>e</sup> left hand of y<sup>e</sup> Patient  
hold it with y<sup>e</sup> left Hand Curb y<sup>e</sup> Thumb & Fingers



in y<sup>e</sup> Skull assist in pulling gently from Blade  
to Blade. If y<sup>e</sup> Blade tho' kept take care to let y<sup>e</sup>  
face in y<sup>e</sup> Hand & motion of Uterus, if it sh<sup>d</sup> slip by  
tearing out its hold, apply <sup>it to</sup> another part, sometimes  
you can't get up y<sup>e</sup> Hand to apply a Guard by  
Crotchets especially in face cases, here we  
must take great care in fixing if, sometimes both  
& sometimes only one must be used, if both, lock  
them in y<sup>e</sup> same manner as y<sup>e</sup> forceps. In  
working with y<sup>e</sup> Crotchets let y<sup>e</sup> direction of y<sup>e</sup> beat  
of wrist have very little force; when y<sup>e</sup> Body  
off. It is desired to y<sup>e</sup> Head left in y<sup>e</sup> Uterus, too  
high to be expelled by y<sup>e</sup> Natural pains, recourse  
must be had to y<sup>e</sup> Crotchets. When y<sup>e</sup> P. is large &  
y<sup>e</sup> Pelvis narrow, y<sup>e</sup> Laceration must be made use  
of to open y<sup>e</sup> Head, if it Relaxes about in y<sup>e</sup> Pelvis  
an Assistant must press on y<sup>e</sup> Abdomen to keep  
it steady, if this Pressure is not sufficient, & ~~the~~  
both Blades of y<sup>e</sup> Crotchets must be applied to  
keep it firm in its place, when y<sup>e</sup> Woman seems  
nearly exhausted, has fainting & violent flooding

we must try every Method to extract y<sup>e</sup> Head as  
soon as possible. The <sup>Dr.</sup> mentions several Cases  
where y<sup>e</sup> Accoucheur not being able to extract y<sup>e</sup>  
Head, have left the patient & returned some hours  
after & found it expelled by y<sup>e</sup> Natural pains, or have  
themselves by very little force; When y<sup>e</sup> face or  
low<sup>r</sup>. Jaw presents & we want to open y<sup>e</sup> Head we  
must push it up & turn it. The Head may be  
extracted with one Blade off y<sup>e</sup> Crochet in this  
manner, introduce for England, y<sup>e</sup> left hand, if y<sup>e</sup>  
Vertex is to y<sup>e</sup> right side, & vice versa, & with y<sup>e</sup> 4<sup>th</sup>  
y<sup>e</sup> 5<sup>th</sup> fingers may reach y<sup>e</sup> Vertex off y<sup>e</sup> Crochet  
w<sup>th</sup> y<sup>e</sup> upper part of y<sup>e</sup> Sacrum, & with y<sup>e</sup> left hand &  
Head off y<sup>e</sup> Child, along y<sup>e</sup> face & fix y<sup>e</sup> sharp Hook  
in y<sup>e</sup> Vertex, then withdraw y<sup>e</sup> left hand & introduce  
2 fingers into y<sup>e</sup> Childs Mouth & press w<sup>th</sup> y<sup>e</sup> Thumb  
under y<sup>e</sup> Chin, pull diligently at y<sup>e</sup> same time w<sup>th</sup>  
y<sup>e</sup> right hand at y<sup>e</sup> Crochet & you ll probably  
succeed, but if y<sup>e</sup> Jaw sh<sup>d</sup>. be hard, y<sup>e</sup> other Blade  
of y<sup>e</sup> Crochet must be applied as before. We sh<sup>d</sup>  
never leave y<sup>e</sup> Patient till y<sup>e</sup> Child is come  
away w<sup>th</sup> it & some times do in 4 or 5 hours, by  
giving a little Assistance to y<sup>e</sup> Natural pains.



An assistant must always press on of Abdom.  
before we can apply the Crotchet, we ought always  
to examine if we cannot open the head with the  
Scissors, if called by a midwife to Deliver the  
head of a Child so young as 7 months we must  
not endeavour to extract with Violence too pre-  
cipitately, as Nature generally effect it.

### Lecture 22. Treatment of Women

During the Month. We will first  
speak of a prolapsus Uteri, the most usual cause  
of it is the Woman getting up too soon after Deliv-  
ery, before the Ligaments have recovered their  
proper tone, rest & keeping the body soluble  
will prove of the greatest service in this case.  
Prolapsus also is sometimes very to be reduced &  
Uterine force especially in old people, or in dis-  
eased Constitutions, generally causes much mis-  
chief, it is best to leave them alone & wait  
for a more favorable opportunity, if there's any  
Inflammation we must remove it before we  
attempt the reduction, the Women themselves

can often <sup>reduce</sup> ~~remove~~ them better than we, when  
reduced a pessary must be applied to prevent its  
falling down again. Astringent fomentations  
are also usefull, the French pessary with the  
ball & socket is the best contrivance of this kind -  
(are sh<sup>d</sup>. be taken to keep y<sup>e</sup> fore strap loose)  
y<sup>e</sup> of shaft is <sup>the</sup> pref<sup>d</sup>. in y<sup>e</sup> bulbous part of y<sup>e</sup> neck  
may be easy. The wooden pessary may do very well  
for poor people & may be retained in y<sup>e</sup> Vagina many  
years. Those made of Cork & Wax are lighter than  
wood, but are very spongy, therefore on y<sup>e</sup> account  
are not so proper, we sh<sup>d</sup>. first try smaller  
Pessaries, as they give less pain. If we meet with  
much resistance in introducing y<sup>e</sup> Pessary, we must  
by altering y<sup>e</sup> Woman's posture, raising her knee  
for instance, try to render y<sup>e</sup> passage more open.  
The Pessary must be introduced according to y<sup>e</sup>  
directions, w<sup>th</sup> one edge to y<sup>e</sup> Pubis, y<sup>e</sup> other to y<sup>e</sup>  
Perineum observe to anoint y<sup>e</sup> Pessary & Labia  
Pudende with Pomatum. When y<sup>e</sup> Pessary gives  
much pain it must be extracted & another tried;  
sometimes no Pessary can be suffered in y<sup>e</sup> Vagina



In this Case, a Compress w<sup>th</sup> a special Spring  
must be applied outwardly, but this is very  
inconvenient, as it must be removed as  
often as there is an Inclination to make water.  
Never be in a hurry nor use much force  
least you injure y<sup>e</sup> Parts, There is always some  
Blood lost in delivering, three or 4. OZ<sup>s</sup> if y<sup>e</sup> Pelvis  
is plethoric does twice, but when y<sup>e</sup> Pulse  
sinks, & there's too copious a Discharge & fainting  
supervenes, it requires our most serious Attention.  
When y<sup>e</sup> Uterus is contracted like a round Ball  
above y<sup>e</sup> Pubis, there's <sup>but</sup> little danger of a flooding  
if y<sup>e</sup> Placenta has not been forcibly extracted.  
Flooding may happen after Delivery from a  
head Labour, violent separation of y<sup>e</sup> Placenta  
or from some extraneous Body left in y<sup>e</sup>  
Uterus or from a Plethora in both these last  
Cases we sh<sup>d</sup>. not be in haste to bring away y<sup>e</sup>  
Placenta. Flooding from Debility are most Dang<sup>r</sup>  
as y<sup>e</sup> Blood flows plentifully, here it's quite improper

to introducing of Hand or to separating of Placenta  
from of Uterus & Meris, we ought to supply of  
Woman belly, Cordials &c. By waiting an hour  
or two for y<sup>e</sup> Contraction of y<sup>e</sup> Uterus, y<sup>e</sup> Placenta  
may be lost with ease, & safety. Extraneous  
Bodies such as a portion of y<sup>e</sup> Placenta, or Coagu-  
lated Blood ought to be left to be expelled by y<sup>e</sup> nature  
pains & y<sup>e</sup> hand must not be introduced without  
there's a dangerous flood; When a flooding comes  
on where no violence has been used, y<sup>e</sup> Case is  
extremely perplexing; Ligatures by y<sup>e</sup> joints,  
Wet-Cloths by y<sup>e</sup> Loins, temples &c, or rather a  
Sponge dipt in Styptic liquor, put up y<sup>e</sup> Vagina  
Styptics internally given in large Doses, keeping  
y<sup>e</sup> Patient's legs close together & directing her to  
lay quiet, these may be all tried, but we are not  
to expect any great Effects from their Use, for y<sup>e</sup>  
flooding & continue till y<sup>e</sup> Uterus is contracted  
and closes y<sup>e</sup> Sinus. An Inversion happens  
w<sup>h</sup> there's too much force used in pulling at y<sup>e</sup>  
Fetus; this generally proves fatal, but if you are  
sent for in time return it, taking care not to leave



any part of J. Lunders engaged in of 65. Since  
very delicate Women sh<sup>d</sup>. be <sup>placed</sup> laid in a Bed  
if everyone find y<sup>e</sup> Patient weak from  
flooding, fainting &c, removed y<sup>e</sup> Wet Cloths  
& let them lay till they have effectly  
recovered. after Delivery, y<sup>e</sup> Nurse generally  
gives Nutmeg in Sugar or y<sup>e</sup> French Capillaire  
w<sup>th</sup> some prefer, y<sup>e</sup> Perm. Coli, if there's pains  
a few Drops of R. Rob with it, unless y<sup>e</sup> Patient  
is costive y<sup>e</sup> Liverish <sup>or</sup> ~~the~~ analysis tis of first Ch<sup>d</sup>  
Where a Woman has had many Children  
y<sup>e</sup> After pains are very troublesome; the use of  
Opiates are here very proper. formerly 'twas  
a Custom to roll y<sup>e</sup> Abdomen, but y<sup>e</sup> broad Sheet  
is preferable; when y<sup>e</sup> Perineum is lacerated  
about ~~the~~ half an Inch, it usually does very  
well with a little Pomatum applied to it, &  
ordering y<sup>e</sup> Patient to lie in Bed, keeping her  
legs close tied together; When y<sup>e</sup> Laceration  
is divided y<sup>e</sup> Sphincter P<sup>er</sup>is, y<sup>e</sup> French make

Two Saturnes or of Rectum or Perinorm  
but his never practis'd here; we direct the  
Woman to keep a proper time in Bed and  
endeavour to remove of Inflamm<sup>n</sup> by Catapl.  
Folioses & Gentle Laxatives to keep of Body  
open. Her Urine generally does well, tho her  
Recovery is slow. Application to Breast are  
generally laid aside; all we can do is, as the  
Woman can't give Suck, is to cover y<sup>m</sup> with Flus-  
=nels or Rabbits Skins. If hard Knot form in of  
Breast, they must be drawn till you remove  
y<sup>m</sup>. The Diet for of 1<sup>st</sup> Day after Delivery is usually  
of brown or white Caudle, but Water Water Grind  
with Spices in it shod never be given, but  
Chicken Water may with safety; No flesh Meats  
shd be eaten, during of 1<sup>st</sup> 7 or 8 Days, after of pain  
the after pains in weakly Women, or those  
who have had many Child<sup>n</sup> are often troublesome  
they are supposed to proceed from of Blood poured  
out of the Sinuses of form Knots w<sup>ch</sup> cause a  
Stimulus in the Uterus, w<sup>ch</sup> expels y<sup>m</sup> of so they  
are salutary and if not too violent they shd not be  
interfer'd with. A few Drops of R. Rubia w<sup>ch</sup> is best



administered in small Doses, sh<sup>d</sup>. be given <sup>off</sup> up<sup>s</sup>  
if p<sup>a</sup>ins continue long, Solus's to<sup>y</sup> bladder  
may be apply'd, all<sup>e</sup> Glyster & Diaphoretics if  
Necessary for & Hystrical women, from their lax<sup>d</sup>  
State of the Soli<sup>d</sup>s, are most subject to these p<sup>a</sup>ins  
but they are not allways produc'd by the forement  
-ion'd causes, but sometimes they seem to be owing  
to a particular Diathesis of the blood, the pulse  
is usually quick for 2 or 3 Hours, after delivery, if  
they continue 5 or 6 hours, there is danger of a  
Lochial fever, great care sh<sup>d</sup>. be taken to distin-  
-guish the after p<sup>a</sup>ins from the last mention'd  
Disorder, too much care cannot be taken during  
the first days after lying in, as she will be very  
apt in Summer to throw off the Cloaths & to  
lay her Arms on the Outside of the Bed, which  
often occasions great mischief, the Causes of a Lo-  
-chial fever is usually Violent affections of the  
Mind, as grief &c, or Drinking strong liquors or an  
Obstructed perspiration, the first Symptoms are  
a slow creeping pulse, which afterwards becomes  
exceeding Quick, sometimes it is quick at first,

in some very Quick, full & Strong, in others quick  
& slow, with shiverings, then succeed Heat, pain in  
the Belly, breast, Side, a Cough, a Dry skin, hard-  
ness of the Abdomen if the fever increase, the Abdo-  
men becomes swelled & tense, & so very painful that  
the Woman can't turn herself in bed, nor suffer a  
hot cloth, or a Bladder of water to touch her, if these  
Symptoms continue 24 Hours the Ulcer inflames  
becomes putrid with putrid pains, on the 4<sup>th</sup> day  
the fever becomes quite of the putrid kind, now, if not  
before, come on violent pains of the head, Arms,  
& sometimes of the Thighs, succeeded by black discoul-  
oration of y<sup>e</sup> skin, occasioned by y<sup>e</sup> Blood  
stagnating in y<sup>e</sup> Vessels, now follows Delirium.  
Symptomatic stools or sweats, w<sup>ch</sup> become colloquative  
or y<sup>e</sup> Viscera are greatly affected about y<sup>e</sup> 7<sup>th</sup> Day.  
Patient dies. Lochial fever proceeding from  
Affections of y<sup>e</sup> mind or high living generally prove  
fatal, w<sup>ch</sup> from catching cold if y<sup>e</sup> Patient is  
of a good habit of Body, has but slight pains in y<sup>e</sup>  
Abdomen & sides, taking care thereof a y<sup>e</sup> approach  
of y<sup>e</sup> Disorder, there are hopes they may do well,  
especially if y<sup>e</sup> Lochia are not entirely suppressed,



but if y<sup>e</sup> Pains continue & are violent for y<sup>e</sup>  
first 24 hours. there's great Danger, if the Fever  
goes on for latter End of y<sup>e</sup> third or beginning  
of 4<sup>th</sup> Day. if violent pains of y<sup>e</sup> Abdomen come  
on, w<sup>ch</sup> must be distinguished from Rheumatism  
with Delirium, Colloquative Sweats or Stools, it  
usually proves mortal. The Local Fever proceed-  
ing from obstructed Uterus is best relieved  
by giving Acaust. ex Therm. (℞. cum Sinct. Theb.  
gr. 4 & a few grs of Pulv. Contr. S. When y<sup>e</sup> Obstruction  
is recent, let y<sup>e</sup> Patient keep her Bed, & endeavour  
to encourage a Diaphoresis, by drinking freely of warm  
diluting liquors, such as thin Gruel &c. & sweet  
Weak Tea, thin Chick<sup>n</sup> Broth &c. Opium if necessary  
may be given in diff<sup>t</sup> forms, as shall seem most  
agreeable to y<sup>e</sup> Stomach Repeat it occasionally  
if y<sup>e</sup> means be tried without success &c. Patient  
as ways relieved by rest, sweating, or a plentiful  
Discharge of Lochia, but in y<sup>e</sup> last long labour under  
Anxiety, w<sup>th</sup> a hot dry skin, a full, quick Hard pulse,  
these warm medicines sh<sup>d</sup> be laid aside as they only  
tend to increase y<sup>e</sup> Fever & Obstructions & recourse

in it be had to S. S. at of Arm or Ankle, more or less  
in quantity as of Degree of fever, or Obstruction may  
require, if continual, I must opening by the  
be injected occasionally to keep of Body open  
The Dr. mentions a Case, suppose, for instance,  
a Woman has delivered last Night, in a Natural  
Labour, & in whom no bad Symptoms seem ~~approach~~  
approaching, but by carelessness of J. Nurse falling  
asleep, if Woman not being well, gets up out of her  
Warm Bed, on some Occasion or other, or even by  
taking off of Bed-Clothes, she catches cold & soon after  
complains of a pain in of bottom of her Belly, which  
she & her Nurse look on to be after pains; these pains  
soon increase & shortly are accompanied with Vigor  
Shivering, Tumour &c. after of Patient has had  
a 2. Peroxysm, which probably be <sup>much</sup> more severe of  
of first, her Nurse acquaints you, that she has  
had a Fit of of Ague; here be on of careful & examine  
cautiously & carefully not as to her Complaints only  
but of Cause of of Compl't, which ought to be strictly ex-  
-mined into, on all Cases of this return with greater  
Violence. The Lochia from of first, is shape & kept.



An Inflammation of Uterus begins to increase  
that length terminates in a Gangrene. Sometime  
a purulent, purulent, solid Matter oozes from  
of Vulva & Vagina; Patients in this State  
finding themselves free from pain or having little  
or none, of course conclude they are better & tho'  
consequently they are in danger. The D<sup>r</sup> says he  
has known Women in this Condition, get up  
sit up by of Fire, who by Relations & by Standers  
seem to be well, but all of a sudden, have been  
violently seized, obliged to go down again & in a few  
hours have expired, but this very sudden change  
is not always of Case, if Belly grow hard, tumid &  
painful; then are often swelled to y<sup>e</sup> Degree y<sup>e</sup> w<sup>ch</sup>  
press'd on w<sup>ch</sup> of Hand it appears like Wind, so y<sup>e</sup>  
if Women fancy y<sup>e</sup> there's another Child, here  
comes on again fresh Rigorous shivering &  
a slow eroding Pulse, Cold clammy Sweats,  
Ravies, Hippocratica & by Patient dies; Glysters  
are not only serviceable to keep y<sup>e</sup> Body open, but  
also to remove any hardened Excrements, Some of  
Purgatives should be used to clean y<sup>e</sup> Prim & Vice



H. D. In y<sup>e</sup> beginning<sup>th</sup> of Lockial Fever  
y<sup>e</sup> P.<sup>r</sup> very strenuously recommends bleed<sup>g</sup> in a  
very copious manner & to be rep.<sup>d</sup> boldly, if y<sup>e</sup>  
Strength of Patient will admit of it, & he observes  
= over y<sup>e</sup> P.<sup>r</sup> This Method ought to be put in practice  
in y<sup>e</sup> very beginning of Fever & says himself  
y<sup>e</sup> he has often repented not setting with his  
Patient all night, y<sup>e</sup> he might have y<sup>e</sup> Oppor-  
= tunity of bleed<sup>g</sup> on y<sup>e</sup> very attack when y<sup>e</sup> Pat.<sup>t</sup>  
was sleeping, for he looks on bleed<sup>g</sup> after y<sup>e</sup> third day  
seldom if ever to be of any service, therefore at y<sup>e</sup>  
time his but little to be depended on. Those whose  
Constitutions are naturally bad, their Countenances  
pale, wan and of a cadaverous hue, will not bear  
bleed<sup>g</sup> to any considerable Degree, those strong &  
robust whose habits are inclined to a Plethora, & lighted  
with y<sup>e</sup> Warm Bath, & keep in Bed are proper  
remedies. The Antim.<sup>e</sup> preparat.<sup>us</sup> join'd w<sup>th</sup> Opials may  
be taken with success as R<sup>x</sup> Vin. Antim. ʒi R<sup>x</sup> Theb. ʒj  
to be given <sup>in</sup> any proper Vehicle as in a perm. (Sti Dra<sup>t</sup>  
occasionally an Opiate is proper in labor & puer, espe-  
= cially w<sup>th</sup> y<sup>e</sup> labor has been long, ted. & much violence us'd by  
Instruments, y<sup>e</sup> you may give R<sup>x</sup> Theb. ʒi 30 or 40 ~~grs~~ <sup>grs</sup> hora Brepet  
pro re nata









